



Reseller Application
Public Service Commission of Wisconsin
P. O. Box 7854
Madison, WI 53707-7854

4003 (01-09-02)

The Public Service Commission of Wisconsin does not discriminate on the basis of disability in the provision of programs, services or employment. If you are speech, hearing, or visually impaired and need assistance, call (608) 266-5481 or TTY (608) 267-1479. We will try to find another way to get the information to you in a usable form.

I. Petitioner

Legal Name of Company

Name(s) under which the company will be marketing services in Wisconsin. (d.b.a. names)

Company Street Address

P. O. Box

City

State

ZIP Code

Name of company's contact person for ongoing regulatory affairs and/or complaints **(at company address)**

Phone Number

FAX Number

E-Mail Address (required)

Website Address

Name and address of attorney or contact person for this application

Phone Number

FAX Number

E-Mail Address

Website Address

The Commission receives requests from the public for information on providers and for contact numbers. Please provide toll-free phone number customers can call to get service:



Toll Free Phone Number

II. Interexchange Services Offered

A. What types of customers will the petitioner serve? (Check all that apply.)

☐ Business ☐ Residential ☐ Payphones and hospitality sites ☐ Inmates ☐ Other Resellers (as wholesaler)

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B. What services will the petitioner be offering to its customers?

- | | |
|--|--|
| <input type="checkbox"/> Calling card services
(where service is provided on credit, not prepaid) | <input type="checkbox"/> Prepaid calling cards (debit cards) |
| <input type="checkbox"/> CENTREX | <input type="checkbox"/> Prison inmate services |
| <input type="checkbox"/> HDSL, ADSL or XDSL services | <input type="checkbox"/> Private line/dedicated access |
| <input type="checkbox"/> Internet service | <input type="checkbox"/> Retail long distance service |
| <input type="checkbox"/> Local service | <input type="checkbox"/> Wholesale long distance service |
| <input type="checkbox"/> Operator service | <input type="checkbox"/> Other, please list: _____ |

C. Date service will begin or has begun?

D. Does the petitioner set rates or control discounts for these services? (If no, explain.)

- ☐ Petitioner sets the rates for these services
- ☐ Petitioner controls the amount of discounts customers receive for these services
- ☐ No _____

E. What areas of the state will the petitioner serve?

- ☐ All of Wisconsin
- ☐ All equal access areas of Wisconsin
- ☐ Other: _____

F. Please provide (if none, write "none" in blank)

Petitioner's 10-XX-XXX code: _____

800 or other access numbers: _____ or _____

III. Underlying Services/Underlying Providers

A. What services will be purchased from underlying carriers? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Access services | <input type="checkbox"/> Private line |
| <input type="checkbox"/> CENTREX | <input type="checkbox"/> Unbundled Network Elements |
| <input type="checkbox"/> Interconnection/reciprocal/compensation | <input type="checkbox"/> Virtual private network (e.g., SDN) |
| <input type="checkbox"/> Local service (whole service resale) | <input type="checkbox"/> WATS/800 |
| <input type="checkbox"/> MTS | <input type="checkbox"/> Other, please explain: _____ |

B. Which underlying carriers provide these services?

Long Distance Providers _____

Local Service Providers _____

C. Does Petitioner own, operate or plan to operate directly or indirectly, transmission facilities (excluding switches) or a local exchange network in Wisconsin?

☐ Yes ☐ No

If yes, please contact Peter Jahn at (608) 267-2338 or via e-mail at pete.jahn@psc.state.wi.us.

IV. Switching Services

A. Does the petitioner operate a switch?

- | | |
|--|--|
| <input type="radio"/> Yes -- owned switch | <input type="radio"/> Yes, but does not have a switch located in Wisconsin |
| <input type="radio"/> Yes -- leased switch | <input type="radio"/> No, all switching is provided by underlying carrier(s) |

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V. Billing for Services

A. Who bills customers for services?

☐ Petitioner

☐ Local Exchange Carriers (under contract)

☐ Interexchange Carrier

☐ Third Party (please identify): _____

B. How are complaints or disputes resolved?

☐ Petitioner resolves complaints

☐ Billing agent resolves complaints

☐ Other: _____

VI. Other Certificates

A. Has petitioner's certification been revoked in Wisconsin or any other state?

☐ Yes

☐ No

If yes, where _____

B. Is this a recertification?

☐ Yes

☐ No

If yes, what was previous utility number? _____

VII. Signature

I certify that the petitioner will abide by the rules for resellers in Wis. Admin. Code ch. 168, plus minimum billing standards in Wis. Admin. Code § 165.05.

Signature _____

Name (typed or printed) _____

Position _____

VIII. Additional Information Required

A. Information re: Affiliated Interests: The petitioner must also describe any affiliations, as defined in Wis. Stat. § 196.52, the petitioner has with other telecommunications utilities in Wisconsin.

B. Include a copy of petitioner's certification from the Department of Financial Institutions, Division of Corporate and Consumer Services, Corporation Section, authorizing petitioner to do business in Wisconsin. (Telephone 608/261-7577). Website address: <http://www.wdfi.org/comp/forms>.

C. Include any promotional materials (if available) that will be used to solicit prospective customers.

The **current fee is \$250**, payable in any type of check or by money order. **Cash is not acceptable.** Check or money order must be made payable to:

Public Service Commission of Wisconsin

Please **mail** a completed original application, 3 copies, and **\$250** fee to:

Lynda L. Dorr, Secretary to the Commission
Public Service Commission of Wisconsin
P. O. Box 7854
Madison, Wisconsin 53707-7854

Questions about this petition may be directed to Peter R. Jahn, Telecommunications Division, at (608) 267-2338 or by e-mail (pete.jahn@psc.state.wi.us); Chela O'Connor at (608) 267-9766 or by e-mail (chela.o'connor@psc.state.wi.us); or Judy Hein, at (608) 266-2655 or by e-mail (judy.hein@psc.state.wi.us).